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## APPLICANTS

Arnold Keller, Kayhude, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\* *None. AR 6/14/05*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None. AR 6/14/05*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	GERMANY	1	5	1
Verified and Acknowledged	<i>Arnold Keller, Kayhude, AR</i> Allowance Examiner's Signature Initials				

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## TITLE

Intervertebral disc prosthesis

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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